



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 12, 2012

Mr. Christian Andresen, Administrator
Segue House
7 St. Paul Street
Montpelier, VT 05602

Provider #: 0504

Dear Mr. Andresen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 14, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/14/2012
NAME OF PROVIDER OR SUPPLIER SEGUE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 7 ST PAUL STREET MONTPELIER, VT 05602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 001	INITIAL COMMENTS An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 02/14/12. The following are regulatory violations.	T 001			
T 025	IV.B.2.e. Physical Environment General: The heating system must be capable of maintaining 68 degrees temperature at all times in resident areas of the residence. This REQUIREMENT is not met as evidenced by: Based on observation and interview, there was no maintenance record to assure the heating system was functioning properly. Finding include: During the initial tour on 02/14/12 at 12:30 PM the heating system, which included the furnace and boiler, had no maintenance and/or services labels in the residence. Per interview at 3:00 PM, the Administrator stated that s/he was not sure when the heating system was last checked but would call the maintenance person to find out. Per telephone interview on 02/16/12 at 11:30 AM, the Administrator stated the maintenance person did not call back and "we'll have to assume that we did not service the furnace/boiler recently but will have that fixed".	T 025	The heating system will be inspected annually and the appropriate documentation will be displayed in the same room with the heating system. Addendum per telephone call with the Administrator on 3/9/12 at 11:09 am: The Administrator will assure compliance with yearly inspections.	3/31/12	
T 031	IV.B.3.f. Physical Environment Sanitation: The residence shall meet health and sanitation regulations of the Vermont Department of Health.	T 031	TD25 POC accepted with addendum 3/9/12 SEMmonsul AMcota RN		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

CRT Therapeutic Residence Director

(X6) DATE

3/7/12

STATE FORM

6099

8TE611

If continuation sheet 1 of 3

Pme

PRINTED: 02/21/2012
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2012
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T 031	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence failed to meet health and sanitation regulations of the Vermont Department of Health regarding food storage / handling. Findings include:</p> <p>Per observation during the initial tour on 02/14/12, the following was observed:</p> <p>a) The refrigerator contained packages of luncheon meats several weeks old. Two packages of turkey were dated 01/25/12 and one package of ham was dated 01/22/12. There was also a partially eaten casserole stored without a date.</p> <p>b) The freezer contained 2 packages of frozen fish with a date of 02/27/10 and a large meat item that contained a bone had a date of 04/09/11.</p> <p>Per interview, staff stated that the policy is to get rid of items over 1 week old in the refrigerator and up to 1 year for freezer items. Staff also stated that removing old items usually takes place on Mondays, which did not happen. The Resident House Counselor confirmed at that time the residence failed to meet safe storage practices.</p> <p>Reference: Safe food handling retrieved 11/7/11 from the Vermont Department of Health website at: <http://healthvermont.gov/enviro/food_ConsumerGuideToSafeFoodHandling_ColdStoragepg8</p>	T 031	<p>The contents of the refrigerator will be reviewed weekly. Any prepared food items older than one week will be removed and disposed of.</p> <p>The contents of the freezer will be reviewed monthly. Any food item over one year in age will be disposed of properly.</p> <p>Addendum: Staff will have weekly assignments to remove old food from the refrigerator and freezer and the Administrator will assure compliance.</p> <p>TD31 PDC accepted with addendum 3/1/12 SETHMONS RAL Pincotoren</p>	<p>3/1/12</p> <p>3/1/12</p>

Division of Licensing and Protection
STATE FORM

6899

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If continuation sheet 2 of 3

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T 090	Continued From page 2	T 090		
T 090	VI.2.B.3.b. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment. This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 2 applicable residents that contained clear and concise statements of at least the short term goals the residents will be attempting to achieve or a time schedule for their fulfillment or reassessment. (Resident #1 & #2) Findings include: 1. Per record review on 02/14/12 for Residents #1 & #2, there was no treatment plan that identified clear and concise short-term goals nor time frames for completion. Although a service plan and monthly summary was written, it did not identify specific goals, outcomes and steps needed for the treatment plan, nor time schedules for their fulfillment or reassessment. Per interview on 02/14/12 at 5:30 PM, the Resident House Counselor confirmed there was no treatment plan that identified goals or a time frame for completion.	T 090		

Addendum: The house manager will
write the treatment plans and the
Administrator will assure compliance.

The treatment plans for all
residents will reflect clear
and concise statements of
the resident's treatment goals,
including the short term steps
needed to achieve the goals.
These goals and short-term
steps will have specified time
schedules attached. These will
be reviewed at least monthly.
If the person fails to achieve
a goal or short-term step by
the specified date, the review
will include any necessary changes

3/31/12

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needed to assist the person in
meeting their goal.

If continuation sheet 3 of 3

Example form attached

T090 POC accepted with addendum 3/1/12
SEMONS RN / PMcOTARN

Segue Residential Treatment Plan

Resident:**Residential Counselor:****Client #:****Case Manager:****Month of:****Date:**

Primary Goal:	Rational:	Steps to Complete Goal:	Expected Completion Date:	Completed date:

Progress:**Significant Events:****Significant Medical Events:**